UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

lanya yvette Hogan	
Write the full name of each plaintiff.	CV
	(Include case number if one has been assigned)
-against-	Do you want a jury trial?
DNATA Grandservice Keshia Mah	Abi Yes No
Building # 66 JFK Airport	
Jamaica NY 11430	
Write the full name of each defendant. The names listed	
above must be identical to those contained in Section I	

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. PARTIES

A. Plaintiff Information

Provide the follopages if needed.	_	ntiff named in t	he complaint. Attach additional
Tanya	Vrefe	Hoga	μ
First Name	Middle Initial	Last Name	2
137 Pil	grim Place FLH	1	
Street Address			
	2gm	NY	11580
County, City	St	tate/	Zip Code
516 834	3584 E	Englisht	320gmail.com
Telephone Numb	per E	mail Address (if	available)
B. Þefendant	Information		
correct informat defendant. Make caption. (Proper	ons, or employment agencies.)	ay or prevent so d below are the t discrimination	ervice of the complaint on the same as those listed in the statutes are usually employers,
Defendant 2:	Address where defendant may	FK Airpur	John Parta
	bbbb3rd Ave		1112
	Address where defendant may	be served	1 2610
	NY	<u> </u>	10011
	County, Oty	State	Zip Code

Defendant 3:			
	Name		
	Address where defende	ant may be served	
	County, City	State	Zip Code
II. PLACE C	OF EMPLOYMENT		
The address at v	which I was employed	l or sought employme Services	nt by the defendant(s) is:
Name Buildin	9 84 JFK	Afreport	Cargo area
Address \amaic) A	M	11430
County, City		State	Zip Code
III. CAUSE	OF ACTION		
A. Federal Cla	ims		
This employment that apply in your		suit is brought under (check only the options below
			§§ 2000e to 2000e-17, for lor, religion, sex, or national
	efendant discriminate and explain):	ed against me because	of my (check only those that
	race:		
	color:		
	religion:		
	sex:		
	national origin:		

		42 U.S.C. § 1981, for intentional employment discrimination on the basis of race
		My race is:
		Age Discrimination in Employment Act of 1967 , 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)
		I was born in the year:
		Rehabilitation Act of 1973, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance
		My disability or perceived disability is: Leaving Disability + All Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for
		Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability
		My disability or perceived disability is: Doptess Ne Disarda
		Family and Medical Leave Act of 1993, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons
B.	Oth	ner Claims
In a	ıddit	ion to my federal claims listed above, I assert claims under:
		New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
		New York City Human Rights Law, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
		Other (may include other relevant federal, state, city, or county law):

IV. STATEMENT OF CLAIM

A. Adverse Employment Action

agency.

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):
☐ did not hire me
terminated my employment
☐ did not promote me
did not accommodate my disability
 provided me with terms and conditions of employment different from those of similar employees
☐ retaliated against me
☐ harassed me or created a hostile work environment
other (specify): Made My dispressive Disorda Worsest and made me become homelies from B. Facts Previous house I was residing Not 20, 2019 State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) because of your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.
As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government

V. ADMINISTRATIVE PROCEDURES

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

and receive a Notice of Right to Sue.
Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?
Yes (Please attach a copy of the charge to this complaint.)
When did you file your charge? 5 66 21
□ No
Have you received a Notice of Right to Sue from the EEOC?
Yes (Please attach a copy of the Notice of Right to Sue.)
What is the date on the Notice? March 8, 2027
What is the date on the Notice? March 8, 2027 When did you receive the Notice? Paril 20, 2022
□ No
VI. RELIEF
The relief want the court to order is (check only those that apply):
☐ direct the defendant to hire me
direct the defendant to re-employ me
☐ direct the defendant to promote me
direct the defendant to reasonably accommodate my religion NI one of the answer
direct the defendant to reasonably accommodate my disability
direct the defendant to (specify) (if you believe you are entitled to money
damages, explain that here)
20,000 For the Damage of my mental answich
gotten worrsen Lost my place of residence
and my health is getting worse than ever and 7500 For withholding me from work due
and 7500 for withholding me from work and
to the fact that I had my SIDI bagde Oct 22, 202
and took my Drugtest 10/01/2024 and I
had to get the union to get me in work as Page 6
early as Jan 14, 2022. Total of \$27,500 for
Compensation

VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July 19.2022		James	y & House
Dated		Plaintiff's Sign	
Tanya	V	Hosa	n
First Name	Middle Initial	Last Name	
Post OF	Fice B	0x 7604	
Street Address	- married and the second and the sec	M ~ ·	
treeport		NY	1/5_20
County, City		State (Zip Code
516 324-	9677	English	+32@ amaileca
Telephone Number	a. He]	Email Address	(if available)
Telephone Number My mother Ce	Monne		
σ			
I have read the attached	Pro Se (Nonprisone	er) Consent to Receive	e Documents Electronically:
☑ Yes □ No	-		-
4 105 = 110			

If you do consent to receive documents electronically, submit the completed form with your

complaint. If you do not consent, please do not attach the form.

i Í

CONSENT TO ELECTRONIC SERVICE

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

- 1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing:
- 2. I have established a PACER account:
- 3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
- 4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
- 5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
- I understand that this consent applies only to the cases listed below and that if I file
 additional cases in which I would like to receive electronic service of notices of documents, I
 must file consent forms for those cases.

Note: This consent will apply to all cases that you have filed in this court, so please list all of your pending and terminated cases. For each case, include the case name and docket number

Civil case(s) filed in the Southern District of New York:

(for example, John Doe v. New City, 10-CV-01234).

Hogan	Tan	a. 1/			
HOG'AN Name (Last, First, MI)	0	7a y			
DO BOX	7604	Free port	NY	11520	
Address	City '	State	1	Zip Code	
516 324	-9677	E	nalish	+32 @ c	mail-com
Telephone Number		É-ma	il Address		,
July 19	2022	Ta	nya	u Hoga	L
Date		Signa	itup /	+ 11	

Return completed form to:

Pro Se Intake Unit (Room 200) 500 Pearl Street New York, NY 10007 EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION	Charge		Agency No(s):	y(ies) Charge
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		FEPA		
Statement and other miormation before completing this form,	X	EEOC	520-	2021-02976
NEW YORK STATE DIVISION	OF HUM	IAN RIGHTS		and EEOC
State or local Agend	cy, if any			V (8)
Name (indicate Mr., Ms., Mrs.)		Home Phone	Year of Birth	
MS. TANYA Y HOGAN		(516) 592-14	195	
Street Address City, State a POST OFFICE BOX 7604, USA, FREEPORT,NY 11	and ZIP Code			
POST OFFICE BOX 7004, USA, FREEFORT,NT 11	320			
Named is the Employer, Labor Organization, Employment Agency, Appre	nticeshin Com	umittee, or State or Le	ocal Gov	vernment Agency
That I Believe Discriminated Against Me or Others. (If more than two, lis	t under PARTI	CULARS below.)		· ciminant riganity
Name		No. Employees, Members		Phone No.
DNATA USA		15 - 100	[7]	18) 244-1239
	and ZIP Code			
BUILDING 66 JFK AIRPORT, JAMAICA, NY 11430				
Name		No Employees Members	т —	Phone No.
Name		No. Employees, Members		Filone No.
Street Address City, State	and ZIP Code			
5.17, 5.4.6	ua z oouc			
			-	
DISCRIMINATION BASED ON (Check appropriate box(es).)	Service Services	DATE(S) DISC		ION TOOK PLACE Latest
RACE COLOR SEX RELIGION	NATIONAL ORIG			07-16-2021
				8:
OTHER (Specify)	GENETIC INFORMATION CONTINUING ACTION			UING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):				
I am disabled and because of that I have been disc	riminated	against.		
I began working for Respondent for the first time	hoginning	on Fohruany 2	2 201	10 as a Bama
Agent. I injured my neck and shoulder and went o	ut on STD	in April/2019 k	ut ca	me back on
July 5, 2019. I reigned the job in October 28, 2019. I was hired under the name of Tanya				
English the first time, but when I was rehired in O Hogan.	ctober/202	20 my last nam	e had	changed to
nogan.				
Specifically, I requested accommodations for taking				
denied but had to take the tests anyway. My accordant extra time in taking the test, and an alternative te			re for	a reader,
extra time in taking the test, and an alternative to	sting plac			
Due to the pandemic I was unable to attend my regular doctor appointments and was behind in my treatment. This caused me to miss some days from work in order to attend my				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in		n necessary for State ai		
accordance with their procedures. I declare under penalty of perjury that the above is true and correct.		irm that I have read in best of my knowledd		ve charge and that it mation and belief.
and		COMPLAINANT	, _,	
Digitally signed by Tanya Y Hogan on 08-06-2021		ND SWORN TO BEFORE	ME THIS	DATE
01:59 PM EDT	(month, day, y	ear)		

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Agency(ies) Charge

No(s):

FEPA

X EEOC

520-2021-02976

NEW YORK STATE DIVISION OF HUMAN RIGHTS

and EEOC

State or local Agency, if any

appointments. Every time I was out it was a problem. I always provided Respondent with documentation from my doctors. I occasionally have a flare ups because of chronic asthma but call three (3) hours before my work schedule. I am being hassled by Keisha Mahabir, from HR, by manipulating me and wanting me to be removed from the job. I have complained to the union but to no avail.

I have been calling Human Resources time and time about getting some uniforms for the winter of two (2) sweatshirts, two (2) fleece pull overs, a Dnata winter coat, and a winter hat like when I first got hired on Feb 28, 2019. I was told Respondent only supplied work boots and black or dark blue cargo pants. I never received anything and was told to ask Annmarie whom doesn't really take things seriously.

I had an incident with Safiya Fletcher (Warehouse Leader), in February/2021, where she told me to get the fuck out of the warehouse. I went to the warehouse to warm up and to see if I could assist. I was so upset with how I was treated that I had to leave for the day. I felt very disrespected and felt Fletcher should not have treated me that way. I made a complaint about the matter to Miriam Rivera in Headquarters the next day.

I had an incident June 25, 2021, with Annmarie when she wanted me suspended and made me sign a paper that I wasn't aware of signing and was forced to write that I agreed that the incident happened, however, I don't believe I was harassing's her by text message.

On July 16, 2021, I again had to go out of work because I re-injured my neck, shoulder and back. Respondent doesnt want to provide me with an accommodation of being transferred somewhere else. I will continue to get hurt for doing heavy duty work since my first injury. I have provided doctor notes requesting the same, but my requests are denied.

Based on the above, I believe my rights have been violated under the Americans with Disabilities Act (ADA), as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

Digitally signed by Tanya Y Hogan on 08-06-2021 01:59 PM EDT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

New York District Office 33 Whitehall St, 5th Floor New York, NY 10004 (929) 506-5270 Website: www.eeoc.gov

DETERMINATION AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161 & 161-A)

Issued On: 04/20/2022

To: Ms. Tanya Y. Hogan Post Office Box 7604 USA Freeport, NY 11520

Charge No: 520-2021-02976

EEOC Representative and email: Debra Richards

Federal Investigator debra.richards@eeoc.gov

DETERMINATION OF CHARGE

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice. Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign-in to the EEOC Public Portal and upload the court complaint to charge 520-2021-02976.

On behalf of the Commission,

Digitally Signed By:Judy Keenan 04/20/2022

Judy Keenan District Director Cc:

Laura Morgan Dnata USA laura.morgan@dnata.us

John J Porta Jackson Lewis P.C. john.porta@jacksonlewis.com

Please retain this notice for your records.

played with dusts as of 01/14/2021. closed to 15 hours a week with a pay Should you req 718-244-1351 Issuing Officer Cecilia Salcedo Cruz LANDLORD'S NOTICE NOT TO RE-NEW TENANCY TANYA HOGAN, "John Does" and "Jane Does", Tenant(s) 125 South Bayview Avenue, Apt. 3E Freeport, NY 11520 Names of "John Does" and "Jane Does" being fictitious persons, intended to be any other occupants in the premises known as 125 South Bayview Avenue, Apt. BE, Freeport, NY 11520 (the "Subject Premises") Lease Agreement made on or about November 15, 2019, between the Landlord, 125 SOUTH BAYVIEW AVE., LLC and Tenant, TANYA HOGAN, regarding the Subject Premises, a residential property PLEASE TAKE NOTICE, that the undersigned Landford elects not to re-new your tenancy of the Subject Premises, which is presently being held by you pursuant to a written Lease made on. or about November 15, 2019, which expires on November 30, 2021. PLEASE TAKE FURTHER NOTICE that Tenant has been in possession of the premises since November 19, 2019. PLEASE TAKE FURTHER NOTICE, that you and all other persons occupying the Subject Premises must vacate and surrender the Subject Premises on or before December 15, 2021, a date not less than ninety (90) days from the date herein Notice of Decision Not To Re-New the Tenancy was served upon you. PLEASE TAKE FURTHER NOTICE, that the failure to quit and vacate the Subject Premises by the above date will result in the Landlord commencing a summary proceeding to have you evicted from the Subject Premises for holding over past the termination of your tenancy and for possession, a money judgment for all monetary relief, including unpaid rent and use and · occupancy, together with all reasonable relief the Owner/Landlord is entitled. Dated: September 1, 2021 125 SOUTH BAYVIEW AVE., LLC, Landlord By: Eagle Rock Management, LLC, Managing Agent Adam F. Seelig, Manager CLARK & AMADIO, P.C. Attorneys for Landlord 230 Hilton Avenue, Suite 201 Hempstead, NY 11550